DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER CENTRAL HOME HEALT SERVICES INC INC. 100 (P.9.10) REQUIRED TAG SERVED TRANSPORT STATE AND CORRECTION SERVED TRANSPORT STATE AND CORRECTION REQUILATORY OR LISC IDENTIFYING INFORMATION) (G 000) INITIAL COMMENTS This visit was a follow up to the extended home health federal recertification survey conducted on May 14 - 17, 2013. Survey Date: June 27, 2013 Facility Number: 004997 Medicaid Number: 200811610 Surveyors: Kelly Ennis, BSN, RN, PHNS Eric Moran, BSN, RN, PHNS During this survey, two (2) conditions and twelve (12) standard level deficiencies were found corrected. Central Home Health Services, Inc is precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning May 23, 2013, to May 23, 2015, due to being bound out of compliance with the Conditions of Participation 42 CFR 484.18: Acceptance of patients, plan of care and medical supervision and 494.55. Comprehensive Assessment of Patients. QA: Linda Dubak, R.N. July 2, 2013	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		July 2, 2013							

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.